

U.S. Department of Justice
United States Marshals Service**PROCESS RECEIPT AND RETURN**See Instructions for "Service of Process by the U.S. Marshal"
on the reverse of this form.

PLAINTIFF	Harry L. Samuel	COURT CASE NUMBER	Civ. No. 05-037-SLR
DEFENDANT	Correctional Medical Services	TYPE OF PROCESS	order/complaint
SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Correctional Medical Services (Dental Service)		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)		
	12647 Olive Boulevard, Saint Louis Missouri 6314-9052		

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:	Number of process to be served with this Form - 285	1
Harry Samuel SBI #201360 Delaware Correctional Center 1181 Paddock Road Smyrna, Delaware 19977	Number of parties to be served in this case	6
	Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Dental Service, at the Delaware Correctional Center
1181 Paddock Road Smyrna, Delaware 19977.
(Dental provider now since July 1st 2005) Top, Dr. Chris Maloney and Dong Pianté

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
Harry L. Samuel			10-21-05

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. _____	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk JR	Date 10-21-05
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I hereby certify and return that I ☐ have personally served, ☒ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<div style="text-align: center;"> FILED MAY - 2 2006 U.S. DISTRICT COURT DISTRICT OF DELAWARE </div>	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.				
Address (complete only if different than shown above)		Date of Service	Time			
		Signature of U.S. Marshal or Deputy JR				
Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund

REMARKS:

Rep. by Kevin O'Connor